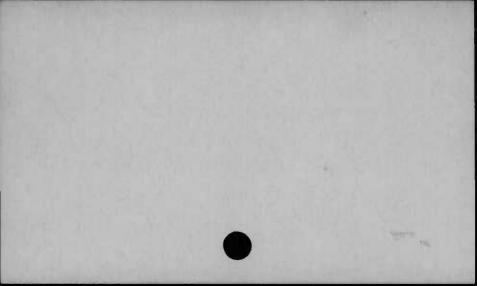
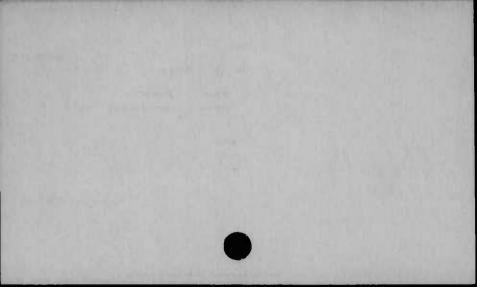
Name in Full Certificate of Death Occupation Golored Female Wirlower Number of children living Husband Wife Father's Name Man & Arrey Primary Tythund Dever 4 months make Accident, Suicide, Homicide Reported by 19W Tolasborough Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SARRE



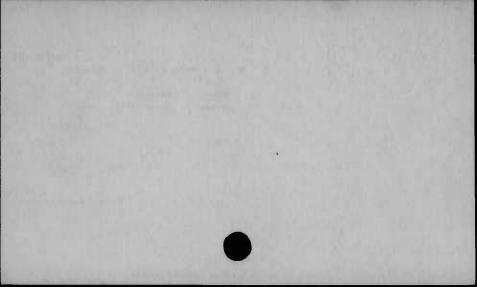
Name in Full Certificate of Death martha Wilberta Bennett Died at Casins Weck borchester Age /3 45 Married Number of children living Father's pro Sixon Bernett & Mother's Amelia melina Bernett

Cause of Primary Dernia titis Gangienus one week

Death Immediate Sepheaumia 129 Reported by & a Stolus Address Corners velle me Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, EEDER



Name in Full Susan Ellen Widow Female Colored Widower Number of children living Husband Wife Mother's Father's Name 1 mo Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY DUDEAU SEVER

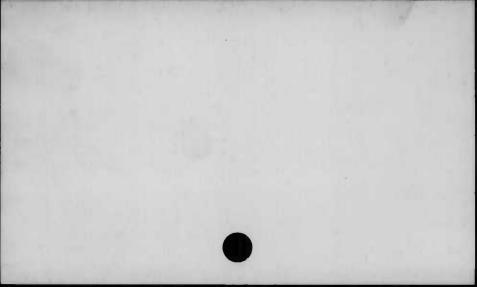


Certificate of Death Name in Full Died of Hurlock, Dr. les. M. D. | Native of ____ | Occupation Date 1898 9, 23 Age 81. 3 Dorchelanto Farmer
Male White Married Without Doronal Willower Number of children living 5 of ann C. Carroll Mother's Margarette Carroll Name James Carroll Name Death Immediate Clement of the Prostock 10 days

Death Immediate Clement of the Prostock Accident, Suicide, Homicide

Preferring to be ultereded for the class throught,

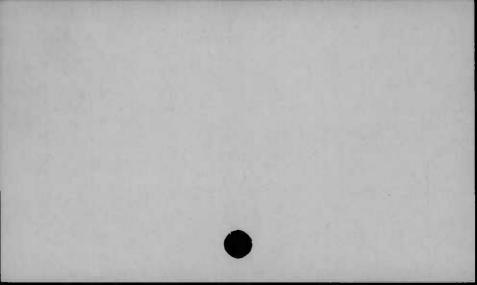
Reported by Gro P Jones he could use the Cath trinel furely. Address E. h. market md. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79708



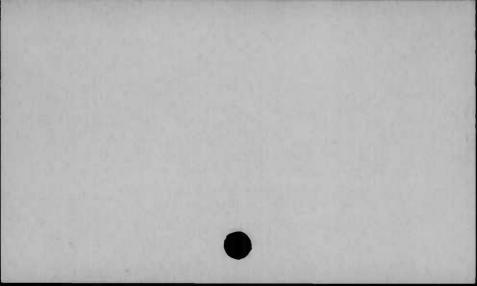
Certificate of Death Name in Full MARYLAND Number of children living Female Single Husband Wife Mother's Father's Name How long sick Primary Cause of Death **Immediate** Accident, Suicide, Homicide Directed Standard, Out 15 Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, BERER

Certificate of Death Name in Full Date 189 8 -Number of children living Single Husband Wife Mother's Father's Name How long sick Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, ESPER

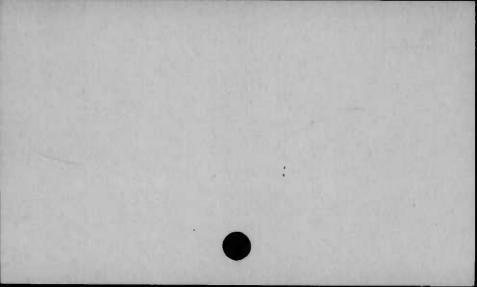
Name in Full Certificate of Death ah Emals Grason Month Day Native of Date 189 Age White Married Widow Divorced Female Colourd Widower Number of children living Husband Wife Mother's Name Cause of Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BURFAU. SEGES



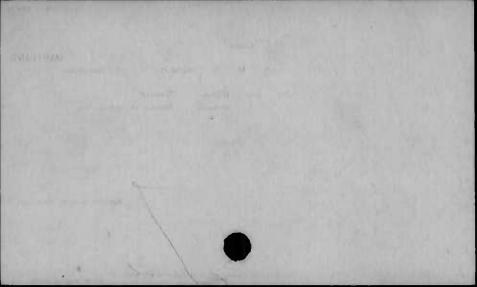
Name in Full Certificate of Death Number of children living 2-Husband Father's Mother's Thomas Helsby Name How long sick Primary Perilonitis 20 hours Cause of Immediate Shock & Heart failure. Accident, Sweder Hamicide Geo & Jones m.D. Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



Name in Full Certificate of Death Date 189 8 Single Number of children living Father's Rose Lecomple a. B. Lecompte Immediate Possible of the Brace Accident Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 85968



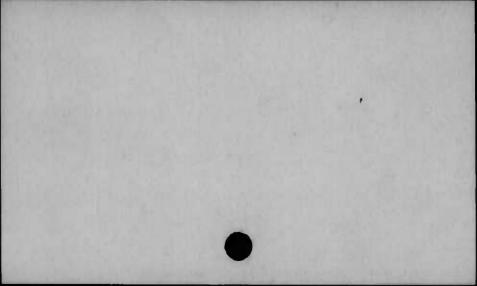
Name in Full	6	2 q.	· solu		Certificate of Death
	wn X	· an	County 9	a heal	- MADVI AND
Died at	Mopth Day		M. D. Na	tive of	2 MARYLAND Occupation
Date 189 A	9-16	Age P/			Occupation
Male	White	Married	Widow	Divorced	
Eemala	Colored	Single	Widower	Number of c	hildren living
Husband					
Wife					
Father's			Mother's		
Name			Name		
(,		How long sick
Cause of Primary			161		
) .			101		
Death Immediat	e	0		,	Accident, Swicide, Homicide
Reported by Eccil Democrat Sept. 17 (Elketin)					
Address					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					



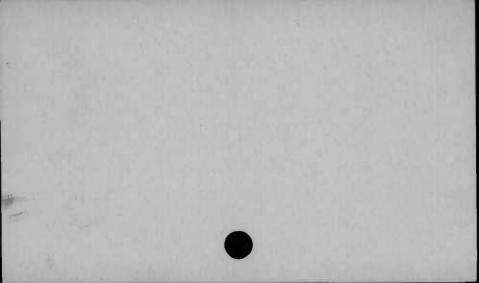
Name in Full MARYLAND Died at Native of Date 189 / Male Widow Divorgen Number of children living 4 Single Widower Husband Wife Father's Mother's Name Name How long sick Primary Jound dead sie brell Causo of Death **Immediate** Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise oner, undertaker or minister. LIBRARY BUREAU, BEGER



Name in Full Certificate of Death Died at M. Native of Date 189 Age Male Married Widow Number of children living Lineau Colored Single Widower Husband Wife Father's Mother's Name Name How long sick Cause of Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SESSE



Name in Full Certificate of Death tu lo MARY Date 189 8 Number of children living Widower Husband Mother's ... Father's Name Name How long sick Primary Catarrhal Precumonia 8 dass Immediate Heart Failure Accident, Suicide, Homierdo Address E. n. market Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU- 65968



Name in Full Female Colored Single Widower Number of children living Husband Father's Cause of Death Accident Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY-BUREAU, SEDER

